

## IN THE UNITED STATES PATENT &amp; TRADEMARK OFFICE



Applicant(s): LaBruno et al.	)	
	)	
Serial No.: 10/644,653	)	Group Art Unit: 1722
	)	
Filed: 08/20/2003	)	Examiner: Timothy W. Heitbrink
	)	
For: Molding Apparatus for Forming	)	
Food Patties Having Top and	)	
Bottom Surface Contours	)	

AMENDMENT B AFTER FINAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

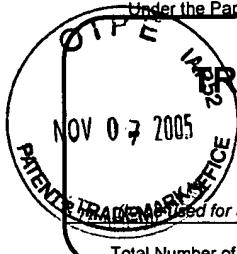
This amendment is in response to the Final Office Action of August 2, 2005. In the Office Action, the Examiner rejected claims 1-3, 6-12 and 15-22, all claims in the application.

AF/IFW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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TRANSMITTAL  
FORM

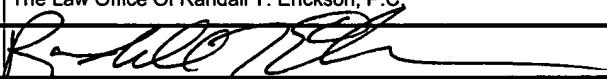
(used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/644,653
Filing Date	08/20/2003
First Named Inventor	LaBruno
Art Unit	1722
Examiner Name	Timothy W. Heitbrink
Attorney Docket Number	2188P0350US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): stamped return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Office Of Randall T. Erickson, P.C.		
Signature			
Printed name	Randall T. Erickson		
Date	November 2, 2005	Reg. No.	33,872

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Signature			
Typed or printed name	Randall T. Erickson	Date	November 2, 2005

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